



Louisville Metro Human Relations Commission
410 W. Chestnut Street, Suite 300A
Louisville, KY 40202
(502) 574 - 3631
MBE/FBE/HBE Certification

What is a MBE/FBE/HBE?

If your business is a sole proprietorship, partnership, corporation, joint venture or any other business entity that is fifty-one percent (51%) owned and controlled by a minority (or a group of minorities), by a woman (or a group of women) or by a person with a disability (or by a group of people with disabilities), your business can be certified as a Minority Owned, Woman Owned or Handicapped Owned Business Enterprise (MBE/FBE/HBE).

How do I obtain MBE/FBE/HBE certification?

- **STEP ONE:** Fill out and have a company officer sign the Metro Human Relations Certification Application. Applications can be obtained online at www.louisvilleky.gov/humanrelations or at the office of the Louisville Metro Human Relations Commission. Reciprocal certification is also available if you are certified by another certifying agency, such as MSD, KMBC or Kentucky Transportation Department.
- **STEP TWO:** Return the completed Certification Application and, should you choose not to provide the supporting documentation for review, an Attorney letter to the Louisville Metro Human Relations Commission.
- **STEP THREE:** The Metro Human Relations Commission will review your Certification Application.
 - If you submitted your application with an Attorney letter (See page 4 of the Certification Application), your application for certification is complete. **The Attorney letter must be signed by an Attorney licensed to practice in the Commonwealth of Kentucky (please send original letter).**
 - If you submitted your application without an Attorney letter, the Metro Human Relations Commission will contact the Contact Person listed on the application to schedule an onsite review of supporting documentation (See page 3 of the Certification Application). Supporting documentation is needed to verify the information provided on the Certification Application.
- **STEP FOUR:** The Metro Human Relations Commission will send you your Certification Certificate (good for two years) within 45 days.

**Louisville Metro
Human Relations
Commission
Certification Application**



General Company Information

Applying For: ☐ MBE ☐ FBE ☐ HBE Date: _____

Company Name _____

Company Street Address _____

Contact Person Name _____ Title _____

Company Phone Number _____ Fax Number _____

Company Email Address _____

Business Structure (Check One):

- ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Association
☐ Limited Liability Company ☐ Joint Venture ☐ Cooperative

State where Company was incorporated/organized _____

Date Company was established/started doing business _____

Is the Company certified with any other organization or agency? (Check One) ☐ Yes ☐ No

Organization Name _____ Certification Date _____

Organization Name _____ Certification Date _____

Products or Services Provided by the Company:

1. _____
2. _____
3. _____
4. _____

Are you an Affiliate or subsidiary of another company that provides any of the services listed above?
(Check One) ☐ Yes ☐ No

"Affiliate" means a person who directly or indirectly owns or controls, is owned or controlled by, or is under common ownership or control with, another person.

"Person" means an individual, partnership, committee, association, corporation, or any other organization or group of persons.

"Control" means the power to direct or cause the direction of management or policies, directly or indirectly, whether through ownership, by contract or otherwise.

Number of Company Employees _____

Company Ownership Information

Number of Owners who own the Company _____

Number of Owners who are:

Women _____ Combined % of Ownership _____

Minorities

African American _____ Combined % of Ownership _____

Asian/Pacific Islander _____ Combined % of Ownership _____

Hispanic _____ Combined % of Ownership _____

Native American/Alaskan Native _____ Combined % of Ownership _____

White _____ Combined % of Ownership _____

People with Disabilities _____ Combined % of Ownership _____

Company Management Information

	Total Number	Number of Minorities	Number of Women	Number of People with Disabilities
For Corporations – Person(s) on the Board of Directors				
For LLCs – Person(s) who are Managers or Manager-Members				
Person(s) who has the authority to write and sign checks				
Person(s) who has the authority to hire and fire employees and independent contractors				
Person(s) who has the authority to negotiate and sign contracts				
Person(s) who has the authority to negotiate and sign for insurance and/or security bonds				
Person who signs Company Tax Returns				

Officer's Signature

The undersigned hereby swears under penalty of law that all statements made and information provided in this application are true.

Signature _____ Printed Name _____ Date _____

Title _____

Supporting Documentation For Inspection*

Company Information	Sole Proprietor	General or Limited Partnership	Limited Liability Company	Corporation
1. Partnership Agreement		X		
2. Operating Agreement			X	
3. Corporate Bylaws				X
4. Corporate Minute Book with Stock Ledger Transfer				X
5. Bank Signature Cards and Bank Resolution (or letter from Bank verifying names and number of signatories)	X	X	X	X
6. Proof of Owners' Legal Permanent Status and Racial or Ethnic Identity, Gender or Disability Status (birth certificate, driver's license, passport, naturalization papers, tribal memberships, documents verifying eligibility for disability and social security)	X	X	X	X
7. Shareholder Agreements, Voting Trust or Agreements, and/or Buyout Agreement			X	X
8. Payroll Records (if applicable)	X	X	X	X
9. At least two (2) of the following documents: a. Two recently paid supplier invoices with cancelled checks b. Office Lease/Rental Agreement c. Equipment Lease/Rental Agreement d. Independent Contractor Agreement (Accountant, Lawyer, or other Professional Services) e. Insurance or Bonding Agreement f. Loan Agreement	X	X	X	X

* Supporting documentation is not required when an Attorney letter (see attached letter form on page 4), signed by an Attorney licensed to practice in the Commonwealth of Kentucky, is submitted with the completed application form.

The Metro Human Relations Commission will safeguard from disclosure information that reasonably may be regarded as confidential, consistent with the Kentucky Open Records Act and other applicable local, state and federal laws.

Attorney Letter
**(The Attorney letter must be signed by an Attorney licensed to
practice in the Commonwealth of Kentucky.)**

[Attorney Letter Head]

[Date]

Mrs. Carolyn Miller-Cooper, Executive Director
Louisville Metro Human Relations Commission
410 W. Chestnut Street, Suite 300A
Louisville, KY 40202

RE: Certification Application of [Company Name]

Dear Mrs. Miller-Cooper:

This letter is furnished to you for the purposes of verifying the information provided on the Metro Human Relations Commission Application of **[Company Name]**.

[I/We] have acted as counsel to the Company. In rendering the statements expressed below, **[I/we]** have reviewed such documents of the Company (including the Metro Human Relations Certification Application of the Company) as **[I/we]** have deemed necessary. **[I/We]** have assumed, with your permission, the genuineness and authenticity of all documents examined by **[me/us]**. Although **[I/We]** have made no independent factual investigation, **[I/we]** have no current actual knowledge of facts or circumstances that would lead us to believe any of the reviewed documents to be inaccurate in any material way.

In rendering the statements expressed below, we have also assumed, with your permission, the following definitions:

- “Affiliate” means a person who directly or indirectly owns or controls, is owned or controlled by, or is under common ownership or control with, another person.
- “Control” means the power to direct or cause the direction of management or policies, directly or indirectly, whether through ownership, by contract or otherwise.
- “Person” means an individual, partnership, committee, association, corporation, or any other organization or group of persons.

Based on the foregoing, but subject to the limitations and qualifications set forth below, **[I/we]** **[am/are]** of the opinion that:

1. The Company is a **[sole proprietor/partnership/corporation/limited liability company/joint venture/association/cooperative]** duly organized and validly existing under the laws of its jurisdiction of **[incorporation/organization]**.

2. The Company is not an affiliate or subsidiary of a business dominant in its field of operation.
3. The Company has employees identified in its own payroll records, working specifically for the Company.

OR

The Company has no employees.

The Company is majority owned and controlled by a person or a combination of persons who are [minorities/female/handicapped], as defined in § 37.65 of the Louisville Metro Code of Ordinances, and legal residents of the United States.